

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

JOSEPH A. COCHRAN, JR.,)	
)	
Plaintiff,)	C.A. No.: 06-697 JJF
)	
v.)	NON-ARBITRATION CASE
)	
JAMES W. REED and)	
J. B. HUNT TRANSPORT, INC.,)	TRIAL BY JURY DEMANDED
)	
Defendants.)	

AFFIDAVIT OF NON-RECEIPT OF NOTICE
PURSUANT TO 10 DEL. C. § 3112

STATE OF DELAWARE)	
)	SS.
NEW CASTLE COUNTY)	

BE IT REMEMBERED, that on this 20th day of March, 2007, personally appeared before me, a Notary Public for the State and County aforesaid, the deponent, TIMOTHY E. LENGKEEK, who deposed and stated as follows:

1. I am an attorney with the law firm of Young, Conaway, Stargatt & Taylor, attorneys for the plaintiff in this action.
2. The defendant, James W. Reed, is a non-resident of the State of Delaware. The last-known registered address of defendant James Reed is 442 Ford Avenue, Vicksburg, MS 39180.
3. Attached hereto as Exhibit "A" is a copy of the usual receipt given by the United States Post Office at the time of mailing to the person mailing the registered envelope containing the notice prescribed in 10 Del. C. § 3112.

4. Attached hereto as Exhibit "B" is the original envelope of the undelivered article containing the said Notice referred to in Paragraph 3 of this Affidavit.

5. The date upon which the said envelope containing the said Notice was mailed by Registered Mail to defendant James Reed at 442 Ford Avenue, Vicksburg, MS 391890 was February 6, 2007. On or about March 13, 2007, the envelope containing the said Notice was returned to the sender, with the notation "Unclaimed."

6. The said Notice provided for in 10 Del. C. § 3112 was contained in the envelope at the time it was mailed and is still contained therein.


TIMOTHY E. LENGKEEK (No. 4116)

SWORN TO AND SUBSCRIBED before me, a Notary Public, the day and year aforesaid.


 (SEAL)
Notary Public
My Commission Expires: _____
KAREN C. KOCHANISKI
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires Aug. 19, 2008

EXHIBIT A

Registered No.

RA 906 772 682 US

Date Stamp

To Be Completed
By Post Office

Reg. Fee 7.90

Handling
ChargeReturn
Receipt

1.85

Postage 3.03

Restricted
Delivery

Received by

Customer Must Declare
Full Value \$☐ With Postal
Insurance☐ Without Postal
Insurance

Domestic Insurance up to
\$25,000 included in the fee.
International indemnity
is limited.
(See Reverse).

OFFICIAL USE

To Be Completed By Customer
(Please Print)
All Entries Must Be in Ballpoint or Typed

FROM

J. L. ENGKECK, ESQ
YCS + T

1000 West Street

Wilmington, DE 19801

TO

MR. James Reed

442 FORD Road

VICKSBURG, MS 39180

PS Form 3806, Receipt for Registered Mail

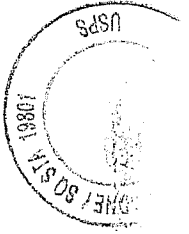
Copy 1 - Customer

May 2004 (7530-02-000-9051)

(See Information on Reverse)

For domestic delivery information, visit our website at www.usps.com®

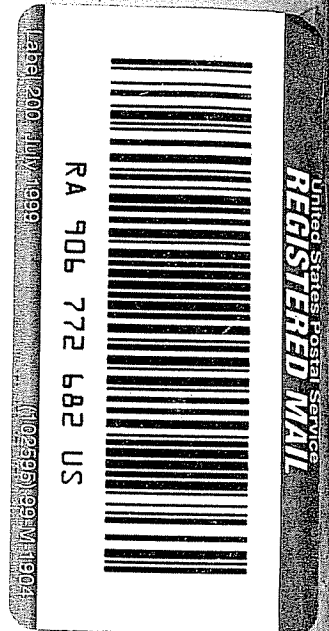
EXHIBIT B



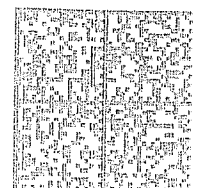
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MR. JAMES REED 442 FORD ROAD VICKSBURG, MS 39180		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
RA 906 772 682 US			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540





UNCLAIMED

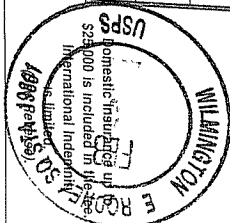


016H25510140
\$ 12.78
02/06/2007
Filed From 19801
US POSTAGE

Registered No. _____

Date Stamp _____

To Be Completed By Post Office		To Be Completed By Customer (Please Print)	
Reg. Fee	Return Receipt	TO	FROM
Handling Charge	Restricted Delivery		
Postage			
Received by			
Customer Must Declare Full Value \$	With Postal Insurance <input type="checkbox"/>		
	Without Postal Insurance <input type="checkbox"/>		



PS Form 3806, Receipt for Registered Mail Copy 2 - Post Office
May 2004 (7530-02-000-9051)

FP: TLING
CORR DR INV
MAR 13 2007
FOI/D
BILLS LMS
DISB Forwd IAB
CORR

Red
2/12/07